

(Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

## RECEIVED

OCT 25 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

BEFARIMENT OF STATE
I. Name of Lobbyist(s) Susan H. Paschell; James P. Monahan
II. Name of lobbyist's partnership, firm or corporation, if any:
The Dupont Group
(Name of partnership, firm or corporation)
114 N Main St. Suite 401 Concord, NH 03301
Business Address: (Street) (Town/City) (State) (Zip Code)
(603 )228-3322 (603) 228-0713 e-mail_jmonahan@dupontgroup.com
(Telephone) (Fax)
<ul> <li>III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).</li> <li>All reportable transactions occurring in the month prior to the reporting date relative to the following client:</li> </ul>
— The reportance was according in the month prior to the reporting date relative to the forewing when it
Harvard Pilgrim Health Care
(Full Name of Client as it appears on the Lobbyist Registration Form)  OR
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.
IV. Date of Report April 26, 2017   July 26, 2017
Reports cover activity from date of registration to 3/31/17 activity from 4/1/17 to 6/30/17
October 25, 2017 X  activity from 7/1/17 to 9/30/17  January 31, 2018  activity from 10/1/17 to 12/31/17
V. There have been no fees received and no reportable transactions made since the last report.   If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.
VI. Check if additional reports are attached:  If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums or Expense Reimbursement
☐ If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions.
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
pusautt. Paschell
(Signature of lobbyist) $\frac{10/25/2017}{\text{(Date)}}$
Susan H. Paschell



## STATE OF NEW HAMPSHIRE Lobbyist Fees and Expenses Addendum A

(RSA Chapter 15:6

I. Name of Lobbyist(s)	
Susan H. Paschell; James P. Monahan;	
II. Name of lobbyist's partnership, firm or corporation, if any:	
The Dupont Group	
(Name of partnership, firm or corporation)	
III. Name of Client Harvard Pilgrim Health Care Date 1	0/25/2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to including fees for services such as public advocacy, government relations, or plegislation, and related legal work. The gross fee amount reported shall not be	ublic relations services including research, monitoring
a) Total of all fees received in this reporting period	a) \$27,500
b) Total of all fees received this calendar year, prior to this reporting period	b) \$5,500
(This should equal the total of all prior monthly reports for this calendar year)	
c) Total of all fees received to date (Add lines a and b)	c) \$33,000
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0
V. Expenses:  Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report reports are to be filed for expenditures made relative to each client and if experumrelated to any one client a separate report may be filed for the lobbyist(s)/fir categories of expenses: (a) the aggregate total of all expenses paid during the roffice expenses; (b) the aggregate total of all individual expenses where the expurchased during a business lunch where the cost was \$25.00 or less, purchase the person being lobbied, purchase of a ceremonial object given to a person be itemized statement of each individual expenditure made during this reporting provered by (a) (for example: purchase of a meal with value of greater than \$25 subject of lobbying with a value greater than \$25, but not greater than \$50, rest for honorariums, expense reimbursement, or political contributions will be reported as a person to a person be reported for salaries.	militures are made by the lobbyist(s)/firm that are m. Expenses are to be reported in one of three eporting period for salaries, benefits, support staff, and penditure was of \$25.00 or less (for example: meals of a pen with a value of less than \$10 that is given to ing lobbied with a value of \$25.00 or less); and (c) an period of greater than \$25.00 for any purpose not in purpose of a ceremonial object to be given to the taurant expenses for a legislative reception). Expenses
a) Total aggregate expenses for this reporting period for salaries, benefits,	a) \$

b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$
d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from whom paid or to whom charged.	lobbying fees during this reporting period, including by
Paid to: Amount:	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that best of my knowledge and belief.  JULIAN H. Paschell	
10/25	5/2017
(Signature of lobbyist) (Date	)
Susan H. Paschell	
(Print Name of lobbyist)	

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affir Statement of Income as				
Name of Lobbying partr	nership, firm, or corpora	tion: The Dupont C	Group	
Name of Client (leave b	lank if Statement is for	the partnership, firm, or corpo	ration and not related to any particul	ar
client): Harvard Pilgr	im Health Care			
Date of Report (check o	ne):			
April 26, 2017 🔲	July 26, 2017	October 25, 2017 X	January 31, 2018 🔲	
		-	enses described above, and the dendum forms being submitted):	
LAddendum A(s).				
0 Addendum B(s).				
0Addendum C(s).				
I hereby swear or affirm the best of my knowledg		mation on the Statement and o	each Addendum is true and complete	tc:
Jr The	and the second s			
(Signature of lobbyist)		10/25 (Date	<del>/2017</del>	
James P. Monahan (Print Name of lobbyist)	1			